

Name  
in  
Full

Bertha Mary Alexander

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Wash. <sup>County</sup> **MARYLAND**

Date of death 1909 Sept <sup>Month</sup> 13 <sup>Day</sup> Age 3 <sup>Years</sup> 6 <sup>Months</sup> 10 <sup>Days</sup>

Sex Female Color or Race White Birth-place Va

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Single~~, Single  
or ~~Widowed~~Name of Wife or  
Husband \_\_\_\_\_Father's Name George AlexanderFather's Birthplace Va.Mother's Maiden Name Lottie May KlineMother's Birthplace Va.Name of person giving Information Lottie May KlineHow related to deceased Mother

## CAUSES OF DEATH

8

✓

PHYSICIAN  
OR CORONERPrimary Whooping CoughHow long Six weeksImmediate ExhaustionHow long Two days

Are the name, age, sex, color, date and place correctly given above?

YesSignature of Physician Daniel A. Watkins

Address

Hagerstown Ind.

Accident or Suicide

L. M. Watkins

Name  
in  
Full

Unnamed Infant

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

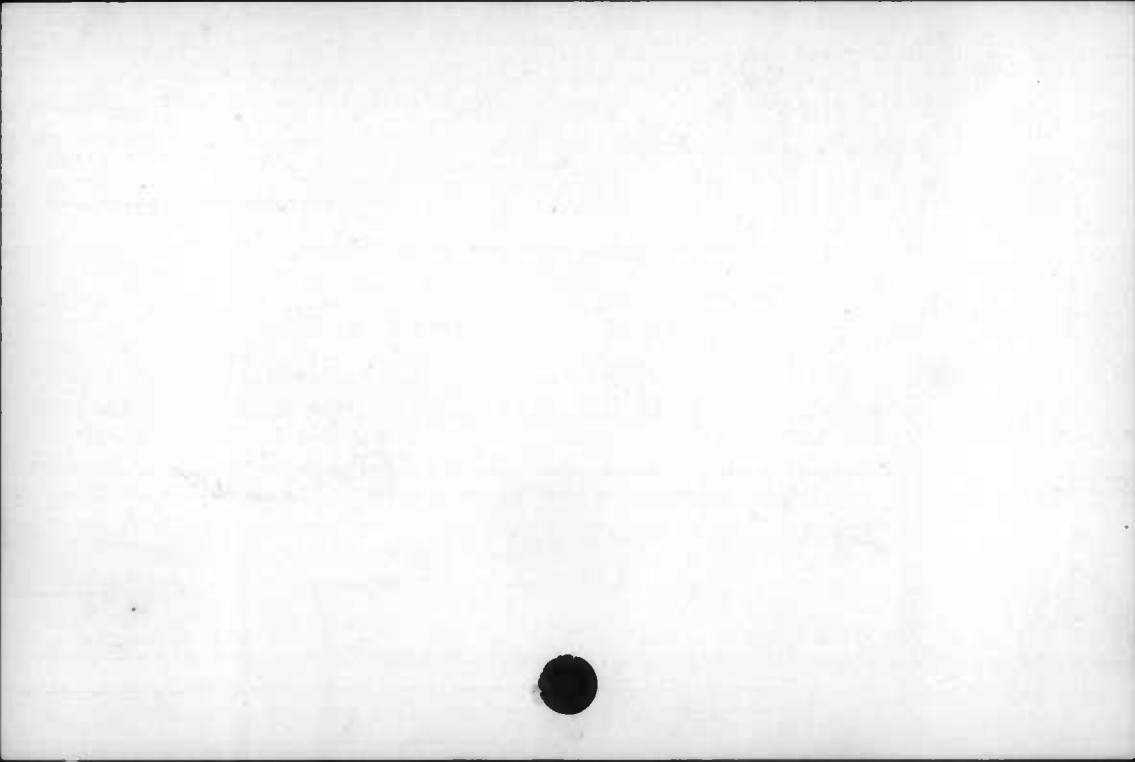
Died at <u>Dam</u> <sup>Town</sup> <u>No 4</u> <sup>Count</sup> <u>Mash</u>		MARYLAND	
Date of death	<u>1909</u> <sup>Month</sup> <u>Sept.</u> <sup>Day</sup> <u>13</u> <sup>Age</sup> <u>1</u> <sup>Years</sup> <u>0</u> <sup>Months</sup> <u>0</u> <sup>Days</sup> <u>0</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dam No 4.</u>	
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____		Name of Wife or Husband _____	

Father's Name <u>Raymond Barker</u>	Father's Birthplace <u>Ma</u>
Mother's Maiden Name <u>Isabel Bowman</u>	Mother's Birthplace <u>Pa</u>
Name of person giving information <u>Raymond Barker</u>	How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Still Born</u>	How long <u>(2)</u> <u>✓</u>
Immediate <u>Dead 2 weeks</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>U. M. Reichard</u>
	Address <u>Fair Play,</u>
Accident or Suicide? _____	



Name  
in  
Full

## CERTIFICATE OF DEATH

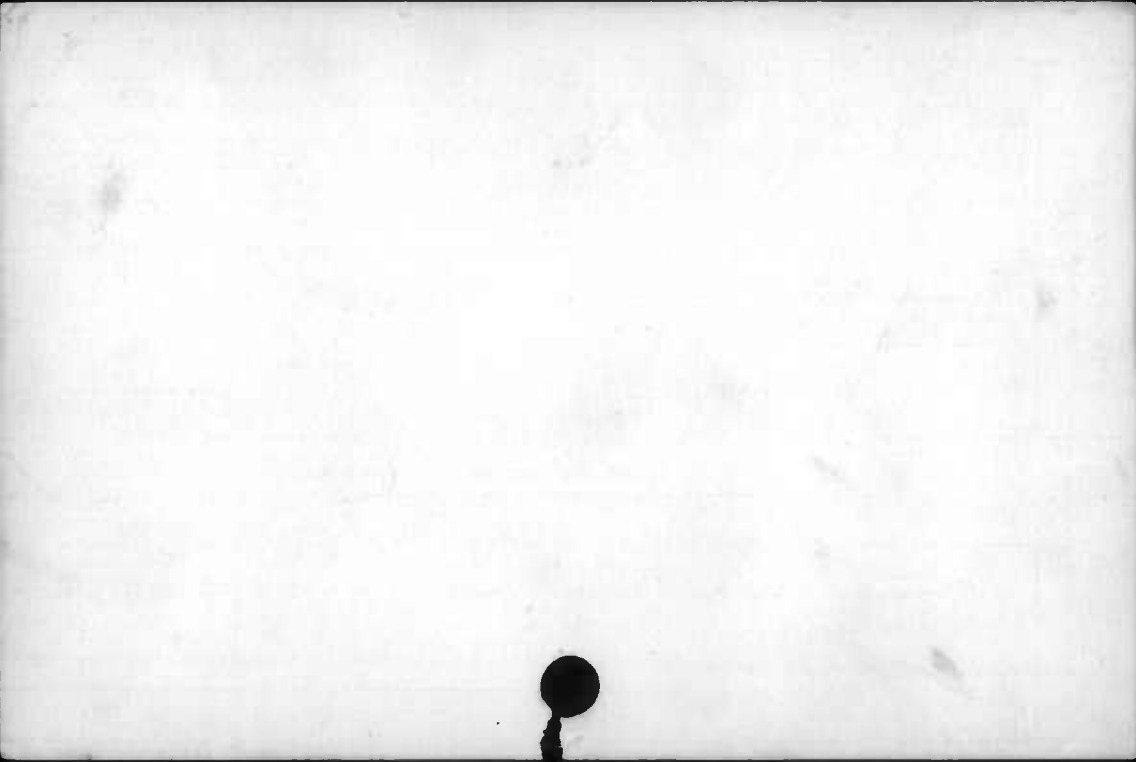
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rebecca R. Bishop.</i>		Town <i>near Hancock</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>near Hancock</i>		Month <i>Sept</i>		Day <i>18</i>		Years <i>59</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>18</i>		Years <i>59</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Genova</i>		Months <i>1</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Died at home</i>		Months <i>1</i>		Days <i>17</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George A. Bishop</i>		Father's Birthplace <i>Not known</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Charles Welch</i>		Mother's Maiden Name <i>Sophia Hunters</i>		How related to deceased <i>Son</i>		Name of person giving information <i>Joseph Bishop</i>	
Name of person giving information <i>Joseph Bishop</i>		How related to deceased <i>Son</i>		Name of person giving information <i>Joseph Bishop</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>2 weeks</i>	
Immediate <i>Intestinal Hemorrhage</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Fuller</i>	
Address <i>Hancock</i>		Address <i>Hancock</i>	
Accident or Suicide? <i>No</i>		Accident or Suicide? <i>No</i>	



Name  
in  
Full

Berl Boren

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Washington County MARYLAND

Date of death 1909 Sept 13 Age 2.5 Months — Days —

Sex Male Color or Race White Birth-place Ind

Occupation Laborer Where Residing if not at place of death <

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Samuel Boren Father's Birthplace Ind

Mother's Maiden Name Laura Goss Mother's Birthplace Ind

Name of person giving Information Jessie Boren How related to deceased Seph

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 6 mos

Immediate Exhaustion How long One week

Are the name, age, sex, color, date and place correctly given above? yes-

Signature of Physician James M. Wertz

Address 117 N. Potomac St  
Hagerstown

Accident or Suicide —

AK. Coffman.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harry A Brown

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington

MARYLAND

Date of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 20 <sup>Age</sup> 1 <sup>Years</sup> 8 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race Colored Birth-place Md  
Occupation Child

Where Residing if not  
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Albert Brown

Father's Birthplace Md

Mother's Maiden Name Anne Bennette

Mother's Birthplace Va

Name of person giving Information Anne Bennette

How related to deceased Mother

CAUSES OF DEATH

179

Primary Marasmus.  
Immediate Exhaustion

How long 1 yr

How long 2 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

J. C. Pitman, M.D.  
Health Officer  
Hagerstown Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

335 N. John

A.K. Coffman

Name  
in  
Full

CERTIFICATE OF DEATH

MD  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Laura B. Bush  
Haltom Town

Jafferson County

Date

of death

1909 Sept

Day

6

Age

Years

29

Months

5

Days

6

Sex

Female

Color or  
Race

Colored

Birth-  
place

Washington D.C.

Occupation

Domestic

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Ezra Bush

Father's  
Birthplace

Lahore

Mother's  
Maiden Name

Mary J. Harper

Mother's  
Birthplace

Washington D.C.

Name of person giving  
Information

Chas. F. Bush

How related  
to deceased

Brother

CAUSES OF DEATH

134

Primary

Pyrexia, pneumonia, diphtheria

How long

4 months

Immediate

Unable to get a breath

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

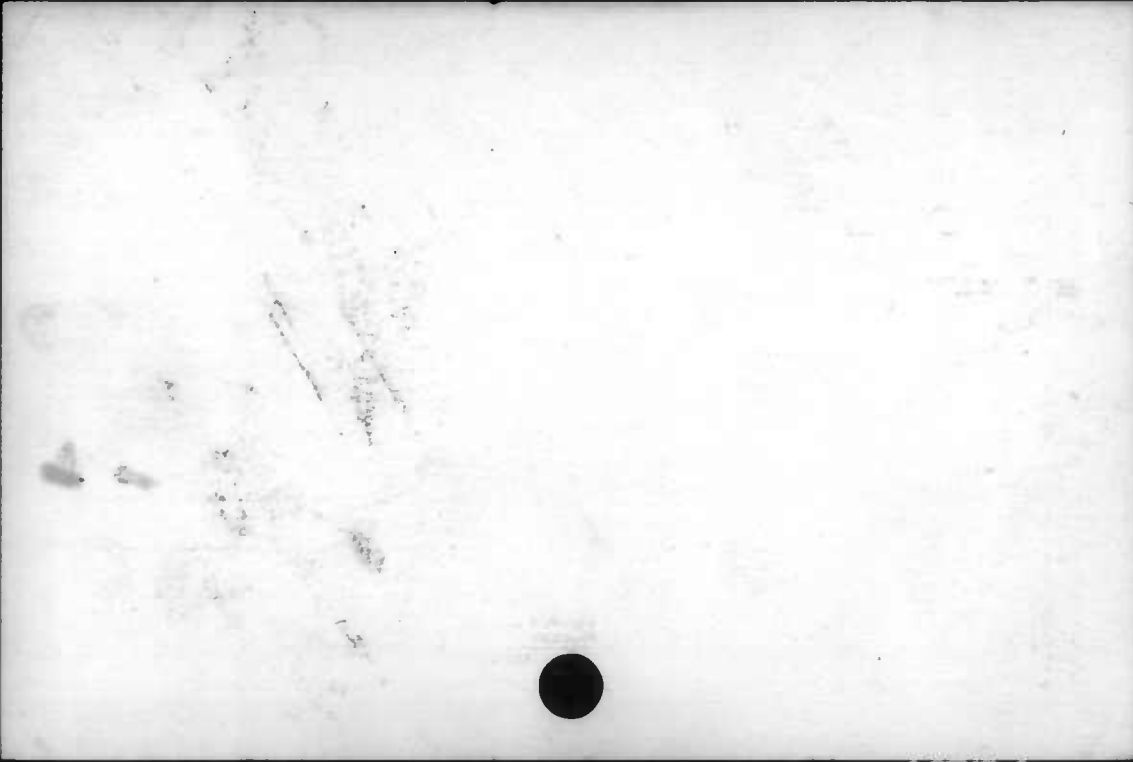
Address

W. E. Perry M.D.  
Haltom, N.Y.

PHYSICIAN  
OR CORNER

Accident or Suicide

Neither



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Eliza Jane Byers

Died at <sup>Town</sup> Williamsport <sup>County</sup> Washington MARYLAND

Date of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 28 Age <sup>Years</sup> 70 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Wilson's Dis

Occupation Housewife Where Residing if not at place of death Washington, Md.

Married, Single or Widowed Married Name of ~~Wife~~ Husband John D Byers

Father's Name Abram Leiter Father's Birthplace Leitersburg

Mother's Maiden Name Louise Miller Mother's Birthplace Clearspring

Name of person giving Information J. Edw. Byers How related to deceased Son.

CAUSES OF DEATH

79

Primary Natural Insufficiency How long Five years

Immediate Heart Failure How long Two minutes

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Daniel G. Watkins

Address Hagerstown Md

PHYSICIAN  
OR CORONER

Accident or Suicide

John Miller

Name  
in  
Full

Carroll P Eastwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sharpsburg</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		<u>State</u> <sup>State</sup>	
Date of death 190 <u>9</u> <sup>Month</sup> <u>9</u> <sup>Day</sup> <u>18</u>		Age <u>1</u> <sup>Years</sup>		<u>9</u> <sup>Months</sup> <u>12</u> <sup>Days</sup>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Sharpsburg</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William R Eastwood</u>		Father's Birthplace <u>Handy Hook</u>			
Mother's Maiden Name <u>Bessie Thomas</u>		Mother's Birthplace <u>Sharpsburg</u>			
Name of person giving Information <u>William R Eastwood</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Typhoid fever</u>	How long	<u>Ten days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. M. Gurnett</u>	
		Address <u>Sharpsburg Md</u>	
Accident or Suicide			

PHYSICIAN  
OR CORONER

L E Luman & Son



Name  
in  
Full

Annie Ebbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		9	12			3	16
Sex	Female	Color or Race	White		Birth-place	Sagers Town	
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Chas. E. Ebbert			Father's Birthplace			
Mother's Maiden Name	Emmy A. Wilhelm			Mother's Birthplace			
Name of person giving Information	Chas Wilhelm			How related to deceased			
			Grandfather				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Morbus	How long	Since birth
Immediate	Cholera infantum	How long	12 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. E. Hoff
		Address	Sagers Town Md.
Accident or Suicide			

Coffman  
Rue Hill

A.K. Coffman

Name  
in  
Full

Ruby Elizabeth Egan

CERTIFICATE OF DEATH

Died at

Broadfording

County

Wash.

MARYLAND

Date

of death

1909

Month

Sept

Day

6

Age

Years

Months

Days

4

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

E. J. Egan

Father's  
Birthplace

Tenn.

Mother's  
Maiden Name

Oliver Hullinger

Mother's  
Birthplace

Name of person giving  
Information

E. J. Egan

How related  
to deceased

father

CAUSES OF DEATH

104

V

Primary

Marasmus

How long

Since birth

Immediate

Acute indigestion & Spasms

How long

3 1/2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H. B. Hoff  
Hagerstown  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Broadfaring

L. M. Suter & Sons.

Name  
in  
Full

CERTIFICATE OF DEATH

Lafayette Eickleburger

Town

County

MARYLAND

Died at

Williamport

Washington

Date

of death

1909

Sept 7

Day

5

Age

69

Years

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Millstone Md

Occupation

Boatman

Where Residing if not  
at place of death

Hancock Md.

Married, ~~Single~~

~~or Widowed~~

married

Name of Wife or

Husband

Isabella

Father's  
Name

Joseph Eichelburger

Father's  
Birthplace

do not know

Mother's

Maiden Name

Isabella Lewis

Mother's

Birthplace

Little Cove Pa.

Name of person giving  
Information

Glenn L. Eickleburger

How related  
to deceased

Son

CAUSES OF DEATH

112

✓

Primary

Alcoholic Liver and Kidney

How long

about 3 months

Immediate

cardiac Apoplexy

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. J. T. Lesher

Address

Williamport Md

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

W. A. R. 1000  
1000  
1000



Name  
in  
Full

Hattie H. Graeme

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brownsville <sup>Town</sup> Washington <sup>County</sup> **MARYLAND**

Date of death 1909 9 <sup>Month</sup> 2 <sup>Day</sup> Age 51 <sup>Years</sup>  <sup>Months</sup>  <sup>Days</sup>

Sex Female Color or Race white Birth-place Ohio

Occupation Housewife Where Residing if not at place of death Riverdale Md.

Married, Single or Widowed Married Name of Wife or Husband J. Knox Graeme

Father's Name M. C. Baxter Father's Birthplace Ohio

Mother's Maiden Name Annie Thompson Mother's Birthplace Ohio

Name of person giving Information J. Knox Graeme How related to deceased Husband

## CAUSES OF DEATH

27

✓

PHYSICIAN  
OR CORONER

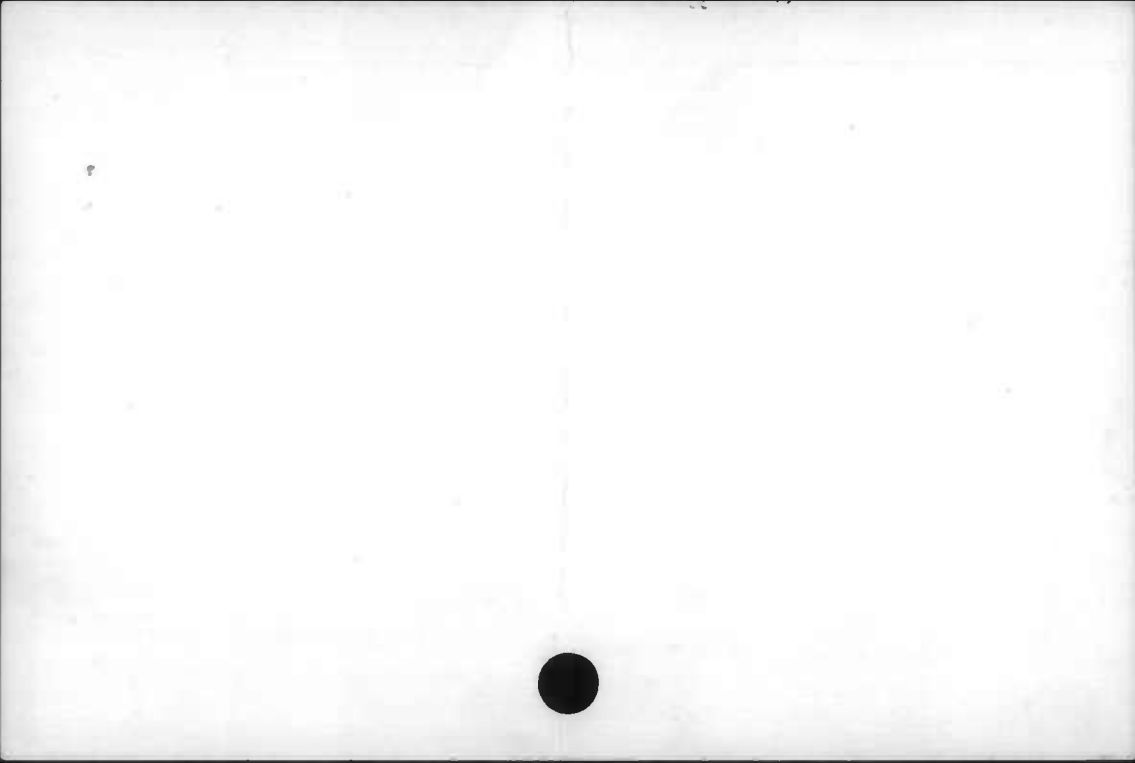
Primary Large goiter & Oculum on azygous tube occlus How long Several years

Immediate Exhaustive How long Seven days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Arthur L. Blessing

Address Brownsville

Accident or Suicide No





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sora Bell Harris

MARYLAND

Died at Hagerstown Washington

Date of death 1909 Sept 6 Age 26 Months - Days 14

Sex Female Color or Race White Birth-place Va

Occupation House Work Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James Harris

Father's Name Bruce Dublap Father's Birthplace Va

Mother's Maiden Name Annie Deck Mother's Birthplace Va

Name of person giving Information Jane Harris How related to deceased Husband

CAUSES OF DEATH

Primary Typhoid Fever How long 6 weeks

Immediate Heart Failure How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S W Ernst M.D.  
Address Hagerstown Md

PHYSICIAN  
OR CORNER

Accident or Suicide

609  
Pine  
Chickadee. N. W.

Name  
in  
Full

Francis Anderson Heard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 25 <sup>Age</sup> 83 <sup>Years</sup> ~~82~~ <sup>Months</sup> 3 <sup>Days</sup> 15

Sex Male Color or Race White Birth-place Md

Occupation Retired Merchant Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary MC Motley

Father's Name Am W V Heard Father's Birthplace O N J

Mother's Maiden Name Henrietta Van Fleet Mother's Birthplace Md

Name of person giving Information Albert Heard How related to deceased Son

## CAUSES OF DEATH

Primary Acute Pneumonia 93 ✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

How long

How long

Dr J E Scott  
Hagerstown

Accident or Suicide

PHYSICIAN  
OR CORONER

L. M. Watkins

Name  
in  
Full

Mrs. Caroline Heil

## CERTIFICATE OF DEATH

Died at Nagsboro Wash. County  
 Date of death 190 9 9 26 Age 76 Months 4 Days 28  
 Sex Female Color or Race White Birth-place Ind.  
 Occupation H. W. Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Albert Heil Sr.  
 Father's Name Michael Bloomer Father's Birthplace Ind.  
 Mother's Maiden Name Susan Mother's Birthplace "  
 Name of person giving Information Mrs Chas. Rauth How related to deceased daughter.

## CAUSES OF DEATH

145

Primary Chronic ulcer of lower limb How long Several years  
 Immediate Potential infection How long Several years  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician Chas. R. Rauth, M.D.  
 Address Nagsboro, N.J.

~~Accident or Suicide~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

L. M. Suter and Son

Name  
in  
Full

Barberie Hellmen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Leitersburg <sup>Town</sup> Washington <sup>County</sup> **MARYLAND**  
 Date of death 190 9 <sup>Month</sup> 9 <sup>Day</sup> 16 Age 90 <sup>Years</sup> 6 <sup>Months</sup> 28 <sup>Days</sup>

Sex Female Color or Race White Birth-place Ida

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Hiram J. Helmer

Father's Name George Youn Father's Birthplace dont know

Mother's Maiden Name Catherine dont know Mother's Birthplace dont know

Name of person giving Information Mrs Catherine Minor How related to deceased Daughter

## CAUSES OF DEATH

154

✓

PHYSICIAN  
OR CORONER

Primary Old Age How long   
 Immediate General debility How long six weeks

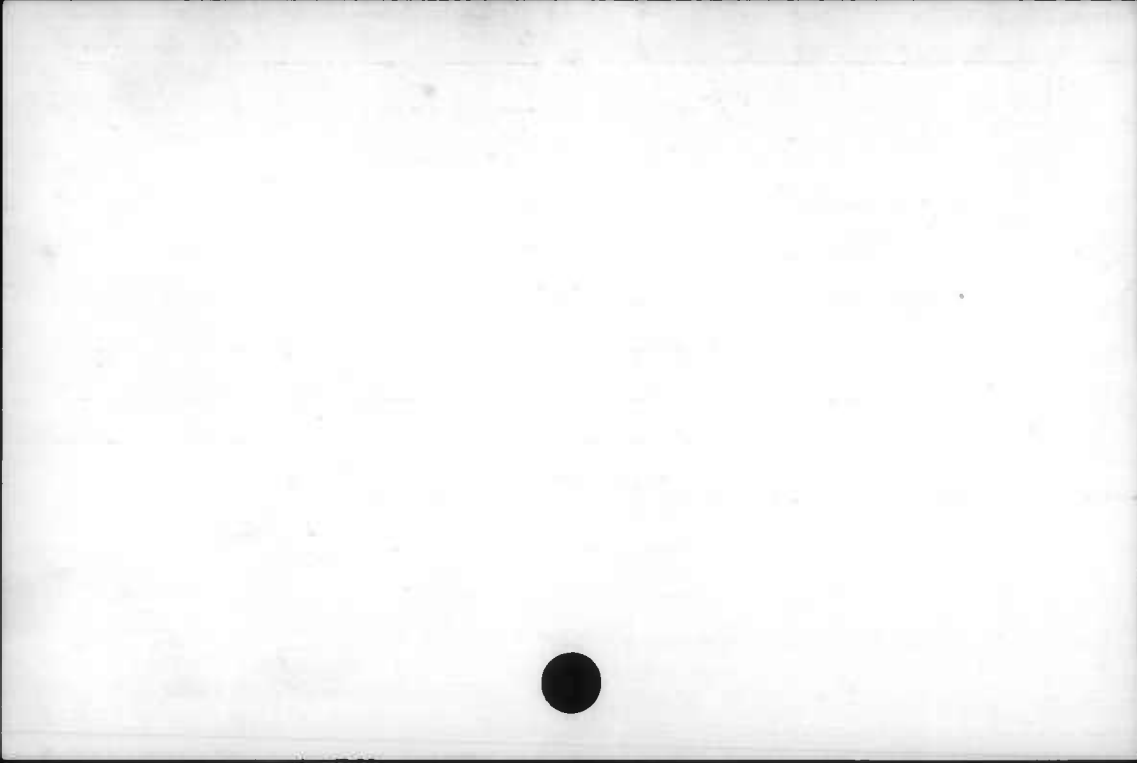
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Wishard  
Leitersburg  
Md.

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William L. Hoover.

Town

County

MARYLAND

Died at

Brownboro

Washington

Date

of death 190

9 Sept.

Day

24

Age

Years

51

Months

5-

Days

15-

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Clerk

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Nettie G. Hoover

Father's  
Name

Benjamin Hoover

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Holzman

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Benjamin Hoover

How related  
to deceased

Father.

## CAUSES OF DEATH

79

Primary

Mitral Regurgitation Heart

How long

3 months

Immediate

Dropy, Syncope

How long

3 weeks.

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

J. Hubert Wake, M.D.  
Baltimore, Md.

Accident or Suicide

No.

PHYSICIAN  
OR CORONER

Bruning & East  
Undertakers

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		9	6	51	2	2	
Sex		Color or Race		Birth place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Jacob Knuffer					
Father's Name		Father's Birthplace					
Daniel Thomas		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Margaret Carpenter		Unknown					
Name of person giving Information				How related to deceased			
Mrs. Harry Emmert				Daughter			

CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary		How long	
General Debility & Paralysis		Several years	
Immediate		How long	
Intestinal Obstruction		About a week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		S. Howell Gardner	
		Address	
		Sharpsburg Md.	
<input checked="" type="checkbox"/> Accident or Suicide			

M. C. Reichardt, "Hundertkater."  
Fairplay. Md.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Pleasant Johnson

MARYLAND

Died at <sup>Town</sup> *Bagtown*<sup>County</sup> *Washington*Date of death *1909* <sup>Month</sup> *Sept*<sup>Day</sup> *23*<sup>Years</sup> *100*<sup>Months</sup> *3*<sup>Days</sup> *4*Sex *male*Color or Race *Colored*Birth-place *Synchburg Va*Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *widowed*Name of Wife or Husband *Rachel Sweney*Father's Name *unknown*Father's Birthplace *unknown*Mother's Maiden Name *unknown*Mother's Birthplace *unknown*Name of person giving information *Sarah Robinson*How related to deceased *niece*

## CAUSES OF DEATH

*154**V*PHYSICIAN  
OR CORONERPrimary *Senile*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *Chas. V. Dugan*Address *Wheaton Md*Accident or Suicide? *No*

Coffman  
Huey

A. K. Coffman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Hagerstown Wash.

Date  
of death

1909

Month

9

Day

22

Age

Years

58

Months

Days

Sex

female

Color or  
Race

white

Birth-  
place

Md.

Occupation

H. W.

Where Residing if not  
at place of death

Philadelphia, Pa.

Married, Single  
or Widowed

married

Name of ~~Wife~~  
Husband

James W. Kerney

Father's  
Name

Jacob J. Mast.

Father's  
Birthplace

W. Va.

Mother's  
Maiden Name

Jessie L. Constable

Mother's  
Birthplace

" "

Name of person giving  
Information

Landon M. Kerney

How related  
to deceased

son

## CAUSES OF DEATH

41

✓

Primary

Sarcoma of Rectum

How long

about 1 yr

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

JH

Signature of  
Physician

E. G. Warrham

Address

Hagerstown Md

Accident or Suicide

PHYSICIAN  
OR CORONER

C. M. Suter & Son  
Shepherdstown,  
W. Va.

C. M. Suter & Sons.



Name  
in  
Full

Gertrude Pauline Massie

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Smithsburg <sup>County</sup> Washington MARYLAND  
 Date of death 1909. <sup>Month</sup> 9<sup>th</sup> <sup>Day</sup> 19<sup>th</sup> <sup>Years</sup> Age 4<sup>Months</sup> 4- <sup>Days</sup> 19.  
 Sex female Color or Race white Birth-place Smithsburg  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name J. L. Massie

Father's Birthplace Kentucky

Mother's Maiden Name G. M. Edwards

Mother's Birthplace Smithsburg

Name of person giving Information father

How related to deceased parent

CAUSES OF DEATH

179

Primary Chronic meningitis

How long Since birth

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician

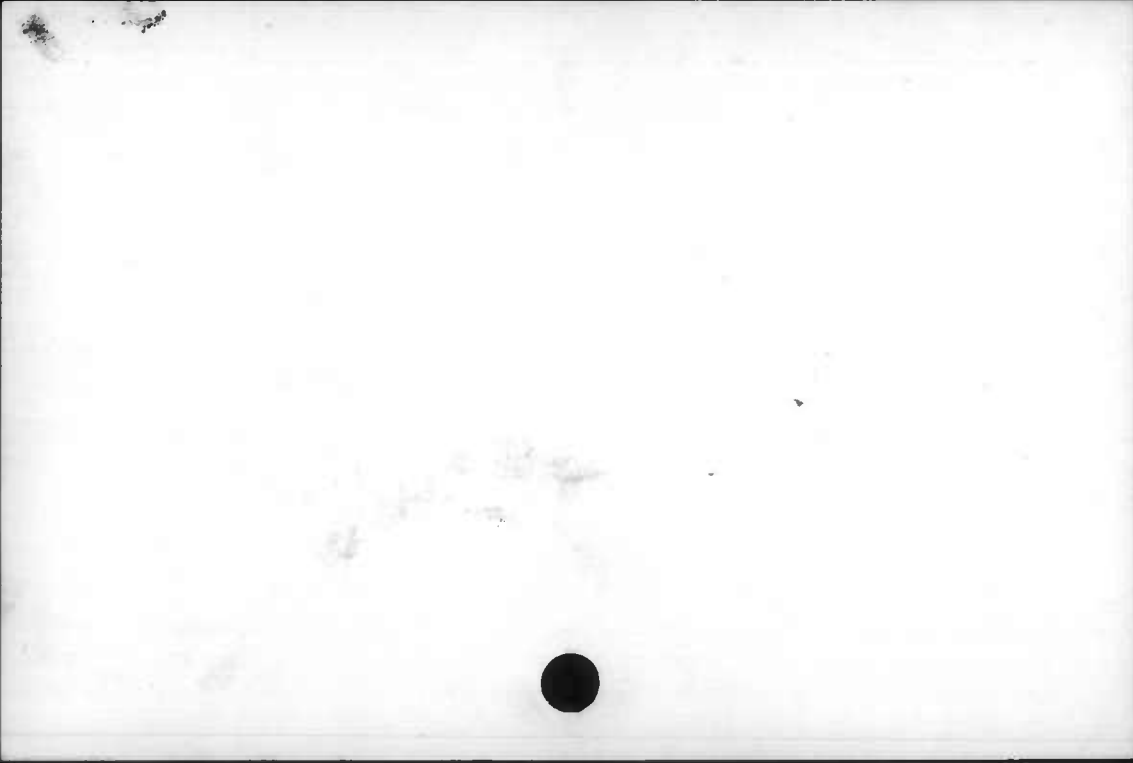
Address

J. L. Massie  
Smithsburg

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

John Raymond Miller

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Bellevue <sup>County</sup> Wash

MARYLAND

Date of death 1909 <sup>Month</sup> 9<sup>th</sup> <sup>Day</sup> 17 <sup>Years</sup> Age 67 <sup>Months</sup> <sup>Days</sup>Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> GermanyOccupation Laborer <sup>Where Residing if not at place of death</sup> BellevueMarried, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name Not Known <sup>Father's Birthplace</sup> GermanyMother's Maiden Name Not Known <sup>Mother's Birthplace</sup> Not KnownName of person giving information Solomon Sumner (Supt) <sup>How related to deceased</sup> Supt. of Bellevue

## CAUSES OF DEATH

104

✓

Primary Chronic Gastritis <sup>How long</sup> Don't knowImmediate Exhaustion & Toxaemia <sup>How long</sup> Two days

Are the name, age, sex, color, date and place correctly given above? Yes

<sup>Signature of Physician</sup> Daniel A. Traffler<sup>Address</sup>

Hagerstown Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Keller Lowman

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary Miller*  
Died at *Middlebury* *Franklin* County  
Date of death *1909* *Sept* *21* *Age* *63*  
Month Day Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md*  
Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Henry Miller*

Father's Name *Jacob Hykin* Father's Birthplace *Pu*

Mother's Maiden Name *Barbara Jacob* Mother's Birthplace *Md*

Name of person giving Information *Mrs William Young* How related to deceased *Sister*

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary *Chronic endocarditis & nephritis* How long *6 Mos*

Immediate *Cardiac debilitation* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D M Shaemaker MD*  
Address *Hagerstown Md.*

Accident or Suicide

Coffman

Long Meadow

A. K. Coffman.

Name in Full *Dessie Viola Peck*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at *Clear Spring Dist* <sup>Town</sup> *Wash.* <sup>County</sup>  
Date of death 190 *9* <sup>Month</sup> *Sept* <sup>Day</sup> *9* <sup>Years</sup> *1* <sup>Months</sup> *8* <sup>Days</sup> *14*  
Sex *Female* Color or Race *White* Birth-place *Clear Spring Dist*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

☒ Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Joseph Gregory Peck* Father's Birthplace *Pa*  
Mother's Maiden Name *Miss Suffacoal* Mother's Birthplace *Ind*  
Name of parson giving Information *Joseph Peck* How related to deceased *Father.*

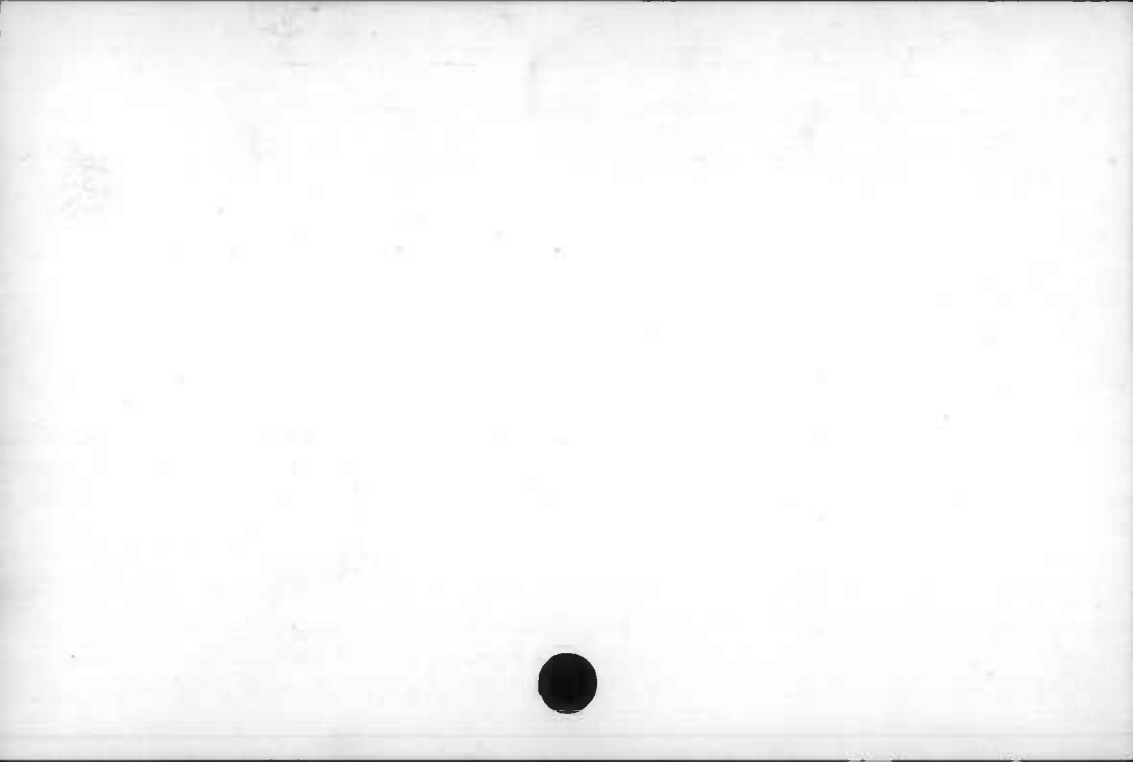
CAUSES OF DEATH

**105**

✓

PHYSICIAN  
OR CORONER

Primary *Dysentery* How long *One month*  
Immediate *Exhaustion* How long *One week*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Abraham Shank*  
*[Signature]* Address *Clear Spring Washington Co.*  
*[Signature]* *Suicide*





Name  
in  
Full

Carl Henry Renner.  
Town County

CERTIFICATE OF DEATH

Died at

Hagerstown

Wash.

MARYLAND

Date

of death

1904 Sept 6

Day

Age

Years

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Ind.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Otho Renner

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Sallie Keyser

Mother's  
Birthplace

"

Name of person giving  
Information

Otho Renner

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

How long

one month

Immediate

How long

unknown

Are the name, age, sex, color, data  
and place correctly given above?

yes.

Signature of  
Physician

Address

W. A. Herman  
Hagerstown  
Ind.

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



~~Accident or Suicide~~

151

Broadfording

L. M. Suter & Sons.

Name  
to  
Full

CERTIFICATE OF DEATH

Samuel Ringer

Town

County

MARYLAND

Died at Hagerstown

Washington

Date

of death 190

Month

Day

Years

Months

Days

9 Sept

26

Age

64

10

16

Sex

Male

Color or  
Race

White

Birth-  
place

MD

Occupation

Retired Farmer

Where Residing if not  
at place of death

---

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Mortua Ringer

Father's  
Name

Samuel Ringer

Father's  
Birthplace

MD

Mother's  
Maiden Name

No Record

Mother's  
Birthplace

unknown

Name of person giving  
Information

Howard Ringer

How related  
to deceased

Son

CAUSES OF DEATH

123

Primary

Cystitis

How long

8 days

Immediate

Pyelitis

How long

4 "

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address



J. S. Laughlin  
Hagerstown  
MD

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Coffman  
Booster

A.K. Coffman

Name  
in  
Full

Catharine G Robinson

## CERTIFICATE OF DEATH

Town

Hagerstown

County

Washington

MARYLAND

Died at

Date

of death

1909 Sept

Month

Day

3

Age

Years

Months

6

Days

6

Sex

Female

Color or  
Race

Colored

Birth-  
place

Hagerstown Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

William H. Robinson

Father's  
Birthplace

Charlottesville Va

Mother's  
Maiden Name

Fatie M Robinson

Mother's  
Birthplace

Bear Crakers

Name of person giving  
Information

Fatie M. Robinson

How related  
to deceased

mother

## CAUSES OF DEATH

179

Primary

Myocardium

How long

5 weeks

Immediate

exhaustion

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

A. B. Wilson, M.D.

Address

243 N. Jonathan St.  
Hagerstown Md.

Accident or Suicide

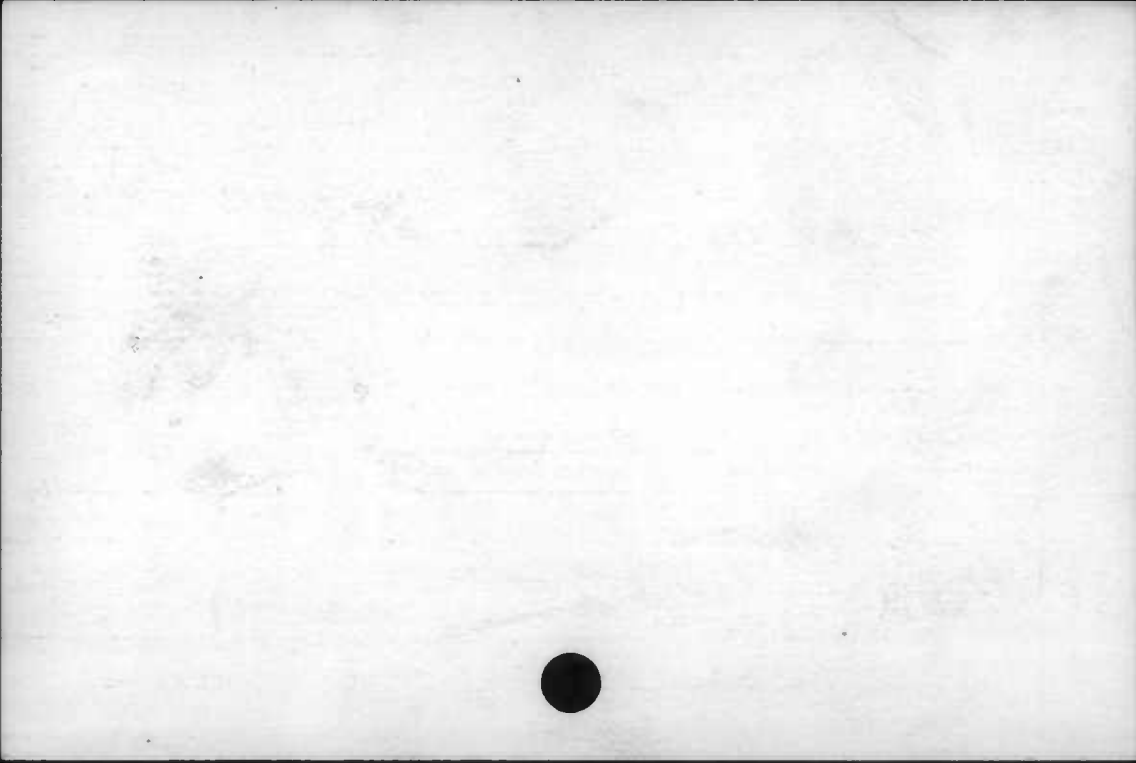
no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

By June 1  
P. M. 1894

A. K. Coffman

Name in Full		Town		County		CERTIFICATE OF DEATH	
Flora		Frankstown		Washington		MARYLAND	
Died at		Date of death		Age		Months Days	
1909		7 3		20		2 13	
Sex		Color or Race		Birth-place			
Female		White		Frankstown			
Occupation		Where Residing if not at place of death					
Housewife		Frankstown					
Married, Single or Widowed		Name of Wife or Husband					
Married		Box Rudisill					
Father's Name		Father's Birthplace					
William Myers		do not					
Mother's Maiden Name		Mother's Birthplace					
Ellen Lush		do not					
Name of person giving information		How related to deceased					
S. Hedrick Rudisill							
CAUSES OF DEATH				(137)		✓	
Primary		How long					
Peritonitis (Puerperal)		Un known					
Immediate		How long					
Acute Typhoid		6 hours					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		C. Z. Mignard					
		Address					
		Frankstown Md					
Accident or Suicide?							





TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

## MARYLAND

### CAUSES OF DEATH

OFFICE SUPPLY CO. 2364

W. J. W. W.  
P. W. W.

A. K. Hoffman

Name  
in Full

John S Schuebley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Tow Frederick County Wash MARYLAND

Date of death 1909 Sept 2 Age 48 Months 4 Days 24

Sex Male Color or Race White Birth-place Ind

Occupation Farmer Where Residing if not at place of death

☒ Married, Single  
☐ or Widowed
Name of Wife or  
HusbandFather's  
NameMelchor SchuebleyFather's  
BirthplaceIndMother's  
Meiden NameAnna R. AltMother's  
BirthplaceIndName of person giving  
InformationMelchor SchuebleyHow related  
to deceasedFather

## CAUSES OF DEATH

(97)

LPHYSICIAN  
OR CORONER

Primary

Emotional excitement, Violent effort, & Bronchial Asthma

How long

Unknown

Immediate

Heart Failure

How long

Few minutesAre the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianCharles J. Mason {Coroner, Physician}

Address

Clearspring, Md

Accident or Suicide

apc 8<sup>th</sup> 61



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hancock</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	1909	Month	Sept.	Day	29
Age	83	Years	5	Months	4
Sex	Male	Color or Race	White	Birthplace	Pa
Occupation	Retired		Where Residing if not at place of death <u>Hancock</u>		
Married, Single or Widowed	Widowed		Name of Wife or Husband <u>Mrs. Rebecca Seville</u>		
Father's Name	<u>Arthur Seville</u>			Father's Birthplace	Pa
Mother's Maiden Name	<u>not known</u>			Mother's Birthplace	unknown
Name of person giving information	<u>G. L. Seville</u>			How related to deceased	Son

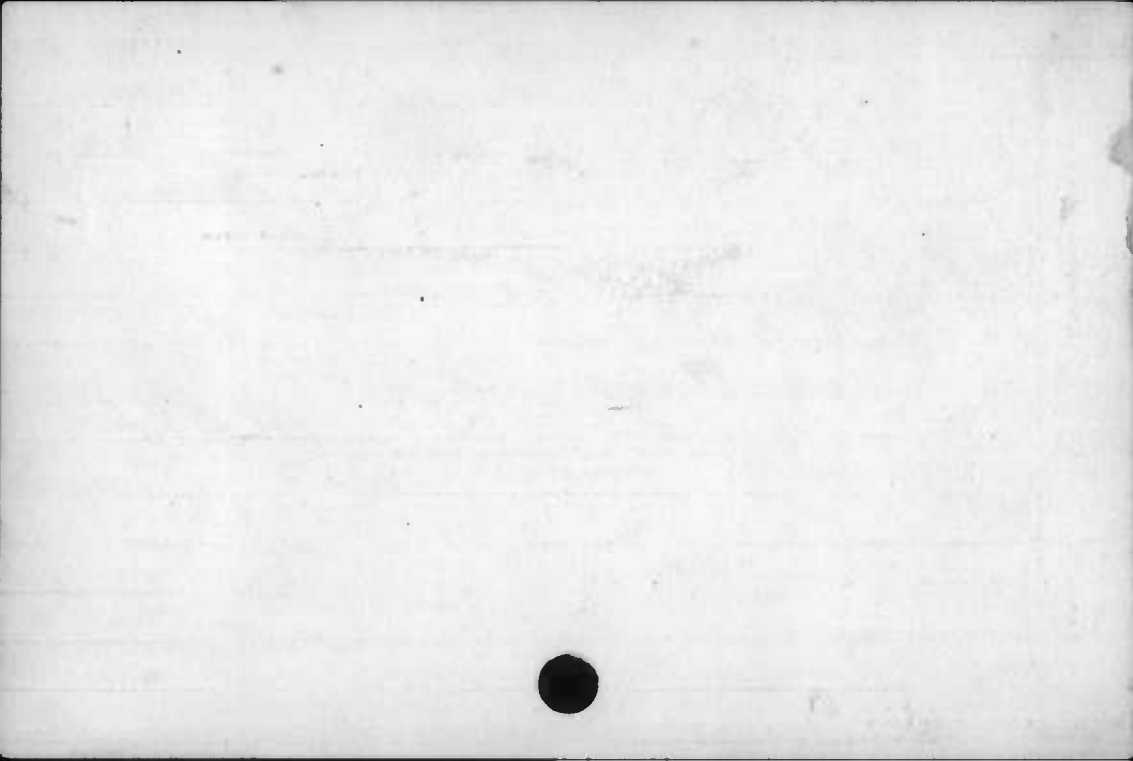
## CAUSES OF DEATH

154

✓

PHYSICIAN  
OR CORONER

Primary	<u>Old age</u>	How long	<u>Indefinite</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 Days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James H. Stewart</u>
		Address	<u>10111111111111111111</u>
Accident or Suicide?	<u>No</u>		<u>Me</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDMr. Jacob D. Shetron  
Town Wash. County

MARYLAND

Died at Hagerstown

Wash.

Date

of death 1907

Month

9

Day

24

Age

48

Years

Months

5

Days

20

Sex

male

Color or  
Race

white

Birth-  
place

Penna

Occupation

Carpenter

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Mrs Ella Shetron

Father's  
Name

Samuel Shetron

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

Mary Trayer

Mother's  
Birthplace

Pa

Name of person giving  
Information

Mrs J. D. Shetron

How related  
to deceased

wife.

## CAUSES OF DEATH

120

Primary

Chronic nephritis, Tubercular Disease of heart

How long

Five months

Immediate

Exhaustion

How long

Several weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. H. Hagan

Address

Hagerstown Md

Accident or Suicide

No

PHYSICIAN  
OR CORONER

L.M. Suter and Son



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Elizabeth V. Shorts*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 1909 Month *Sept* Day *4* Age *2* Years *2* Months *2* Days *4*

Sex *Female* Color or Race *Colored* Birth-place *Hagerstown Md*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Bose White* Father's Birthplace *unknown*

Mother's Maiden Name *Marguerite Shorts* Mother's Birthplace *W-Va*

Name of person giving Information *Mary M. Shorts* How related to deceased *grandmother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *4 days*

Immediate *Dyspnoea* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. P. Langhorne* Address *Hagerstown*

Accident or Suicide ☒

Coffman

Mount Royal Ave

A. K. Coffman.

Name  
in  
Full

Albert Jeremiah Slick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>White Hall</u> <sup>Town</sup>		<u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u> <sup>Month</sup>	<u>Sept</u> <sup>Day</sup>	<u>20<sup>th</sup></u> <sup>Years</sup>	Age <u>38</u>	Months <u>-</u> Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Penn a</u>		
Occupation <u>Farm Laborer</u>			Where Residing if not at place of death <u>White Hall with Brother</u>		
Married, <u>Single</u> <del>Widowed</del>		Name of Wife or <del>Husband</del> <u>Nellie Rascoy.</u>			
Father's Name <u>John Slick</u>			Father's Birthplace <u>Adams Co Pa</u>		
Mother's Maiden Name <u>Elizabeth Sheets</u>			Mother's Birthplace <u>Wash. Co.</u>		
Name of person giving information <u>Elmer Elsworth Slick</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Nephritis</u>	How long <u>6 days</u>
Immediate <u>Uraemia -</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. A. Quinn M.D.</u>
	Address <u>Chewsville Md.</u>
Accident or Suicide?	

Coffman Testimony

There was a death certificate  
issued from Trenton for  
this case - Send you this  
for Record

A. K. Coffman

Name  
in  
Full

George H. Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Washington		County D.C.		D. C. MARYLAND	
Date of death	1909	Month Sept	Day 8	Age Years	45-	Months	9
Sex	Male		Color or Race	White		Birth- place	Va.
Occupation	Iron Worker.			Where Residing if not at place of death			
Died at home.							
Married, Single or Widowed	Married		Name of Wife or Husband				
Loretta E. Smith							
Father's Name	Thomas Pearson Smith					Father's Birthplace	In.
Mother's Maiden Name	Mrs. Hall.					Mother's Birthplace	In.
Name of person giving in formation	Loretta E. Smith					How related to deceased	Wife

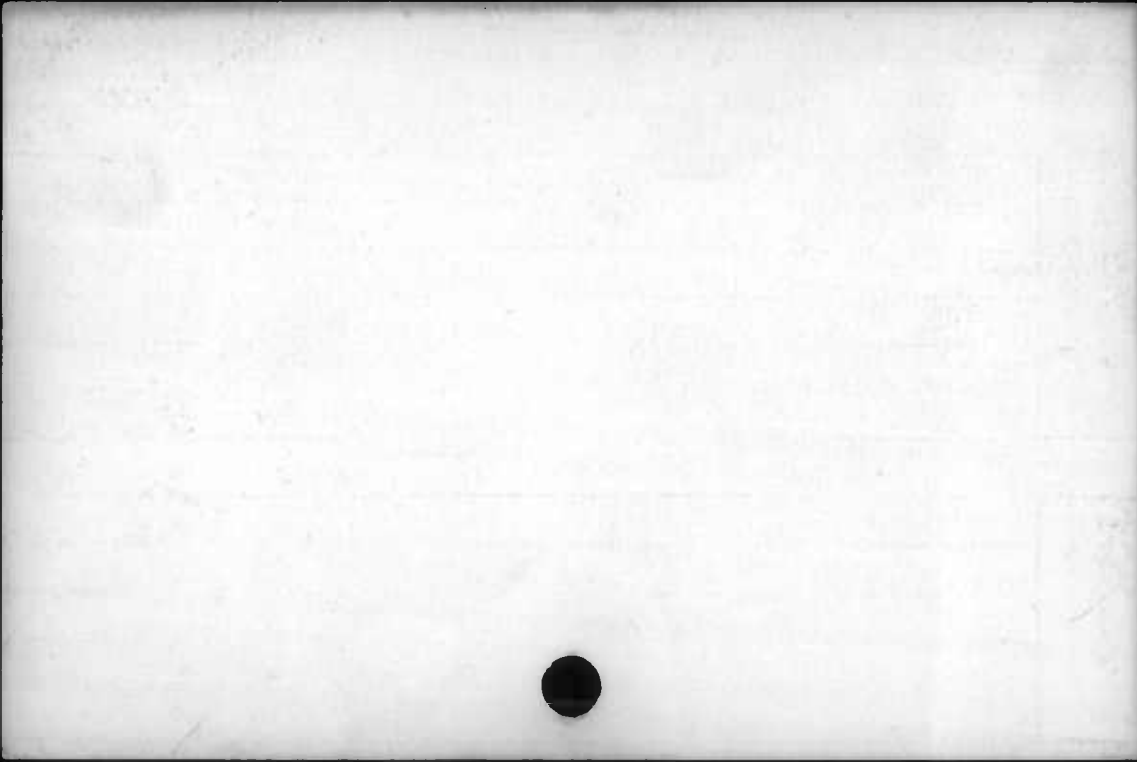
## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	Fract skull from Building	How long	10 hrs
Immediate	Cerebral hemorrhage.	How long	6 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Ramsey Neritt M.D.
		Address	Wash D.C.
Accident or Suicide?	accident		Copy Martin J. Curtis & Son New York N.Y.

LIBRARY NUMBER



Name  
in  
Full

Margaret Francis

Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

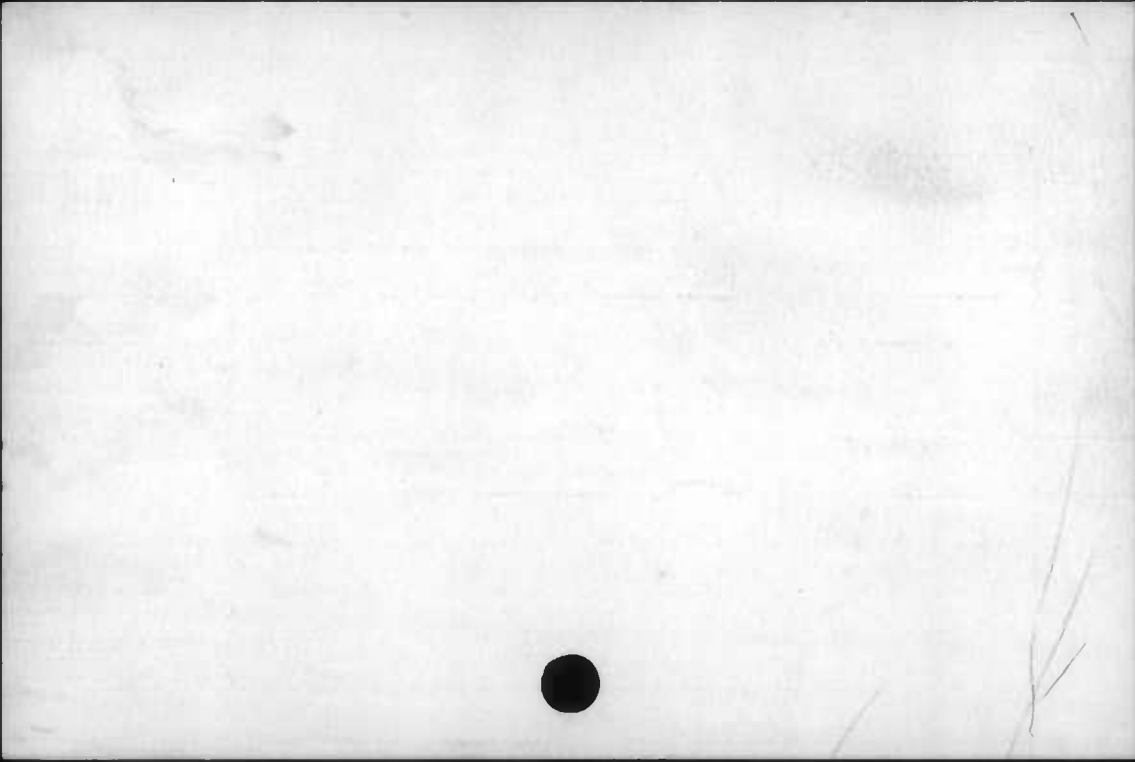
Died at <sup>Town</sup> <i>Bunkstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>2</i>	Months <i>2</i> Days <i>9</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Hagerstown</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Harim L Smith</i>			Father's Birthplace <i>Shanadoah Va</i>		
Mother's Maiden Name <i>Magie L Sly</i>			Mother's Birthplace <i>Shanadoah Va</i>		
Name of person giving information <i>Magie L Smith</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>✓</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Hughes</i>
<i>Yes</i>	Address <i>Hagerstown</i>
Accident or Suicide? <i>—</i>	<i>led</i>





Name  
in  
Full

Ruth Naomi Starbaker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rohreenville</u>		County <u>Wash</u>		MARYLAND	
Date of death	1909	Month	9	Day	24
Age	12	Years		Months	4 1/2
Sex	Female	Color or Race	White	Birth-place	Sharpsburg Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Starbaker			Father's Birthplace	Sharpsburg
Mother's Maiden Name	Kate E Smith			Mother's Birthplace	Fred L
Name of person giving Information	Martha Smith			How related to deceased	Grandmother

## CAUSES OF DEATH

Primary	<u>Zyphoid</u>	How long	<u>6 weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 "</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr C. D. Baker</u>
		Address	<u>Rohreenville Md.</u>
Accident or Suicide	<u>J</u>		

PHYSICIAN  
OR CORONER

1909	9	24
1896	12	14
<hr/>		
12.	9.	10.

L E Dorman Esq

Name  
in  
Full

Hazel Page Starlifer

## CERTIFICATE OF DEATH

Died at <sup>Mar</sup> <sup>Town</sup> Brosmus<sup>County</sup> MorganWest Va  
MARYLANDDate  
of death 1909 Sep

Month

Day

3

Years

Age

Months

3

Days

26

Sex

Female

Color or  
Race

White

Birth-  
place

Morgantown

Occupation

Where Residing if not  
at place of death

Hancock Md.

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

H.E. Starlifer

Father's  
Birthplace

Berkeley Co W. Va.

Mother's  
Maiden Name

Hellen F. Snyder

Mother's  
Birthplace

Hatch Co.

Name of person giving  
In formation

H.E. Starlifer

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Inflammation

How long

Immediate

How long

3 mo

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. Stigler  
Hancock, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

W Cr - 9<sup>th</sup>.

10

1909-7-27

10-9

17-9-18 days.

Inanition

Name  
in  
Full

Peter Stotler

## CERTIFICATE OF DEATH

Died at ~~Home~~ <sup>Town,</sup> *Brosville*County *Morgan**Mex. Va.*  
MARYLANDDate  
of death *1909* <sup>Month</sup> *Sept.*Day *9*Age <sup>Years</sup> *76*<sup>Months</sup> *6*<sup>Days</sup> *8*

Sex

*Male*Color or  
Race*White*Birth-  
place*Morgan Co. Va.*

Occupation

*Laborer.*Where Residing if not  
at place of death*Died at Home.*Married, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Elizabeth Stotler*Father's  
Name*John Stotler*Father's  
Birthplace*Fred Co Md*Mother's  
Maiden Name*Susan S. Snelman*Mother's  
Birthplace*" " "*Name of person giving  
in information*Mrs F. Mills*How related  
to deceased*Daughter in Law**Dr Stigers*

## CAUSES OF DEATH

*66*

Primary

*Paralysis*

How long

*five days*

Immediate

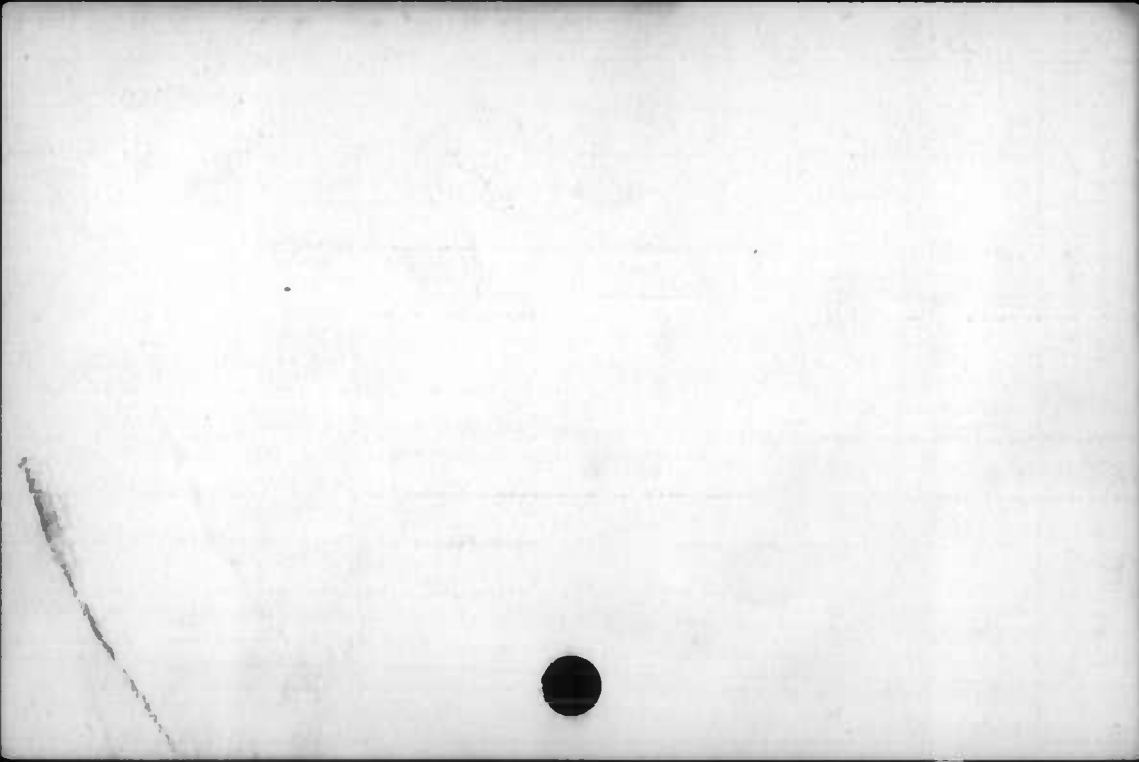
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*P. E. Stigers,**Hancock,**Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

CERTIFICATE OF DEATH

*Aurey Amelia Stough*

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>9</i>	Day <i>13</i>	Age <i>28</i>	Years <i>90</i> Months <i>29</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>MD</i>			
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>James Stough</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Sarah Slick</i>	Mother's Birthplace <i>MD</i>				
Name of person giving Information <i>Gladys L. Ete</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

**27**

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Heart Failure</i>	How long <i>Six Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Daniel A. Watkins</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide <i>J</i>	

L. M. Watkins



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Octavia Jane Thompson* Town *Brownsville* County *Washington* MARYLAND

Died at *Brownsville* *Washington*

Date of death *1909* Month *9* Day *13* Age *64* Years Months *7* Days *3*

Sex *Female* Color or Race *White* Birth-place *N. Va*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed ☒ Name of Wife or Husband *James H. Thompson*

Father's Name *John Campbell* Father's Birthplace *Va*

Mother's Maiden Name *Nancy Kerns* Mother's Birthplace *Va*

Name of person giving information *James H. Thompson* How related to deceased *Husband*

## CAUSES OF DEATH

**123**

✓

PHYSICIAN  
OR CORONER

Primary *Kidney & Bladder Complication* How long *for years*

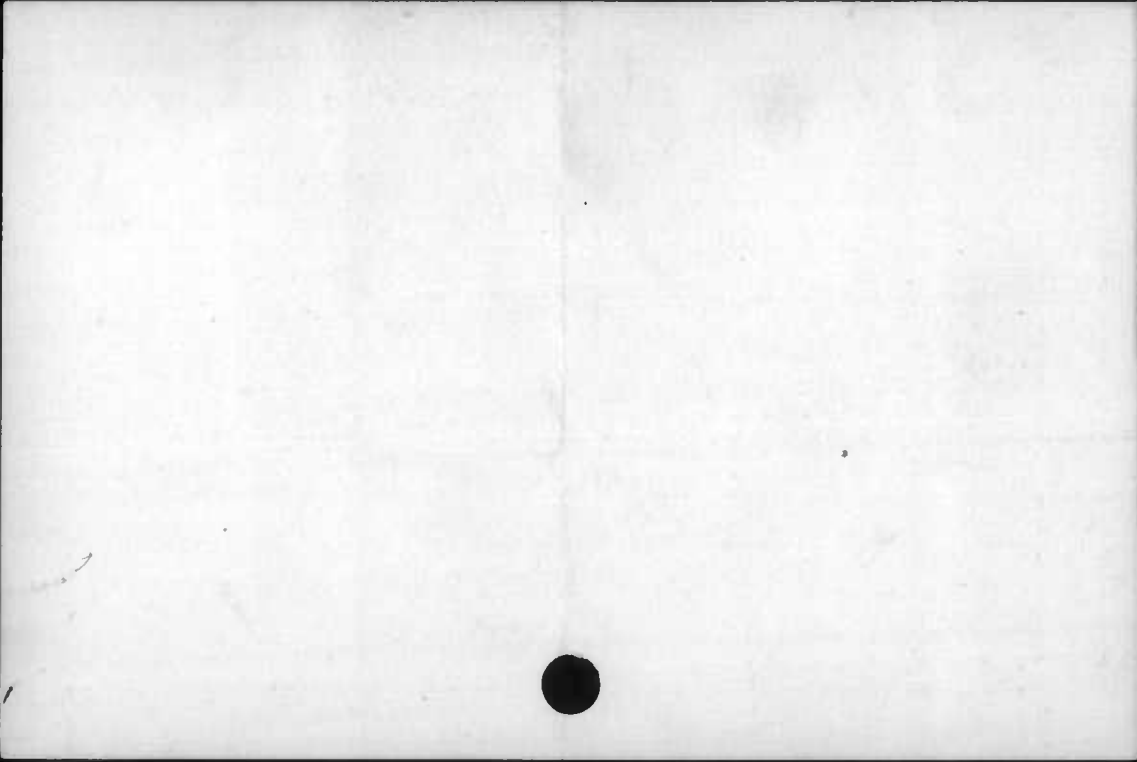
Immediate *Emaciation* How long *3 Weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. Yountie*

Address *Brownsville Md*

Accident or Suicide? ☒



Name  
in  
Full

CERTIFICATE OF DEATH

*Samuel J Updegraff*  
Town County

MARYLAND

Died at *Hagerstown*

*Washington*

Date

of death 1909

Month

9

Day

23

Age

Years

83

Months

8

Days

Sex

*Male*

Color or  
Race

*White*

Birth-  
place

*Md*

Occupation

*Printer*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Widowed*

Name of Wife or  
Husband

*Susan Updegraff*

Father's  
Name

*Samuel Updegraff*

Father's  
Birthplace

*Md*

Mother's  
Maiden Name

*dont know*

Mother's  
Birthplace

Name of person giving  
Information

*George Updegraff*

How related  
to deceased

*Son*

CAUSES OF DEATH

Primary

*Fatty degeneration of heart*

How long

*1 Year*

Immediate

*Coridic Failure*

How long

*2 weeks*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*J. B. Maguire*

Address

*Hagerstown, Md*

Accident or Suicide

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

L. M. Watkins  
Watkins  
Rose 76 ice

Name  
in  
Full

Robert Lee Van Devanter  
Town County

CERTIFICATE OF DEATH

Died at Hagerstown

Wash.

MARYLAND

Date

of death

1909

Month

9

Day

21

Age

48

Months

9

Days

Sex

male

Color or  
Race

white

Birth-  
place

W. Va.

Occupation

Druggist

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Huaband

Lillie Van Devanter

Father's  
Name

Armistead Van Devanter

Father's  
Birthplace

W. Va.

Mother's  
Maiden Name

Patience

Mother's  
Birthplace

" "

Name of person giving  
Information

Mrs. R. L. Van Devanter

How related  
to deceased

wife

CAUSES OF DEATH

Primary

Tuberculosis

How long

One year

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

M. G. Scott  
Hagerstown  
Md.

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

C. M. Suter & Son

C. M. Suter & Sons.

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name of John C. + Nettie V. Varner

## CERTIFICATE OF DEATH

Died at State Line <sup>Town</sup> Franklin <sup>County</sup> Pa MARYLAND

Date of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 19 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race white Birth-place State Line Pa

Occupation — Where Residing if not at place of death —

Married, Single or Widowed infant Name of Wife or Husband —

Father's Name John C. Varner

Father's Birthplace Pa

Mother's Maiden Name Nettie V. Harshman

Mother's Birthplace Pa

Name of person giving information J.C. Varner

How related to Deceased father

A. R. Brewbaker and

## CAUSES OF DEATH

Primary Premature Birth

How long 5 months

Immediate Arrested development

How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. W. Palmer, M.D.

Address Greencastle Pa.

Accident or Suicide? —

A. R. Brewster



Name  
in  
Full

Leonard. Vogel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Smithsburg Town Washington County MARYLAND

Date of death 190 9 Month Sept Day 16<sup>th</sup> Age 77 Years Months 7 Days 16

Sex Male Color or Race White Birth-place Germany

Occupation Retired fruit grower Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Married Name of Wife J. L. Vogel Husband

Father's Name John Adam Vogel Father's Birthplace Germany

Mother's Maiden Name Anna Mariah Dur Mother's Birthplace Germany

Name of person giving Information P. S. Vogel How related to deceased Son

## CAUSES OF DEATH

66

✓

PHYSICIAN  
OR CORONER

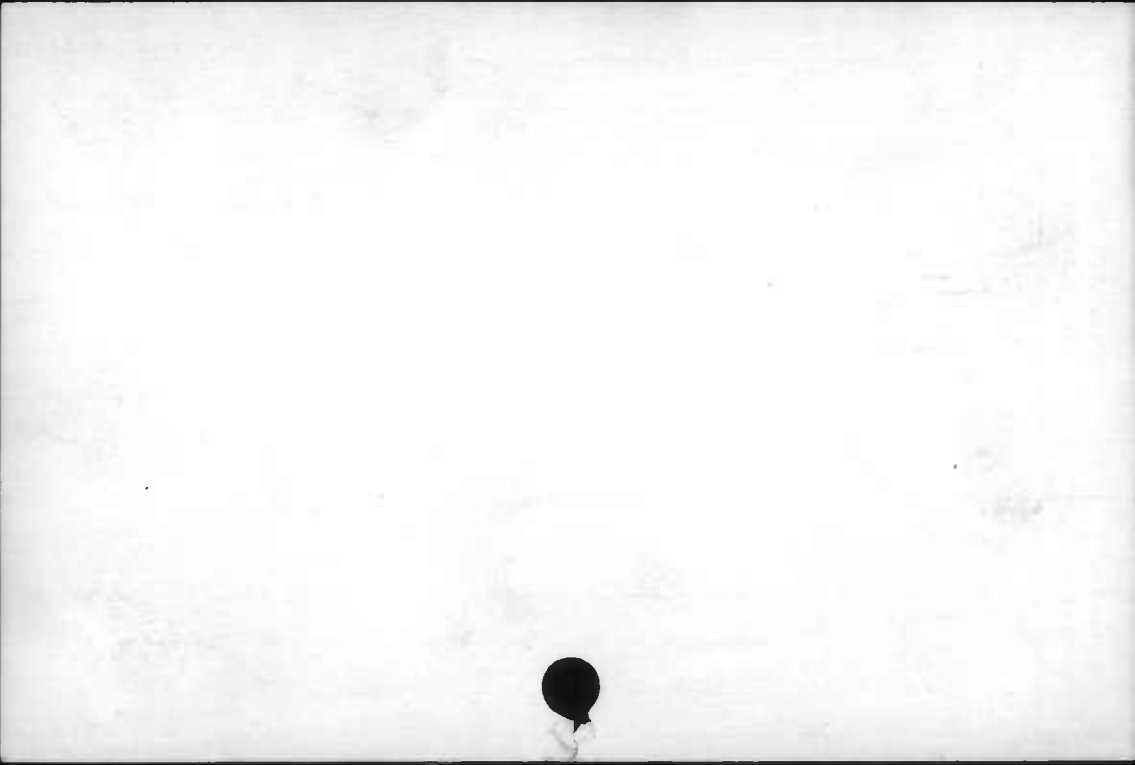
Primary General Debility How long One Year

Immediate Paralysis How long one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. M. K. Kefauver Address Smithsburg Maryland

Accident or Suicide ☒



Name  
in  
Full

Edwin Leroy Wagner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Burnsboro* <sup>County</sup> *Washington* **MARYLAND**

Date of death 1909 <sup>Month</sup> *Sept.* <sup>Day</sup> *4* Age <sup>Years</sup> *1* <sup>Months</sup> *11* <sup>Days</sup> *10*

Sex *Male* Color or Race *White* Birth-place *Burnsboro*

Occupation *Infant* Where Residing If not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Leroy Smith*

Father's Birthplace

*Wash. Co.*

Mother's Maiden Name

*Hallie Wagner*

Mother's Birthplace

*Kendyville*

Name of person giving Information

*Hallie Wagner*

How related to deceased

*Mother*

## CAUSES OF DEATH

105

✓

PHYSICIAN  
OR CORONER

Primary

*Ill*

How long

Immediate

*Cholera Infantum*

How long

*3 days.*

Are the name, age, sex, color, data and place correctly given above?

*Yes*

Signature of Physician

*E T Smith*

Address

*Burnsboro  
Md.*

Accident or Suicide

Bringing Best  
Under to Ken



Name  
in  
Fullunnamed Infant. *Wakenight*

## CERTIFICATE OF DEATH

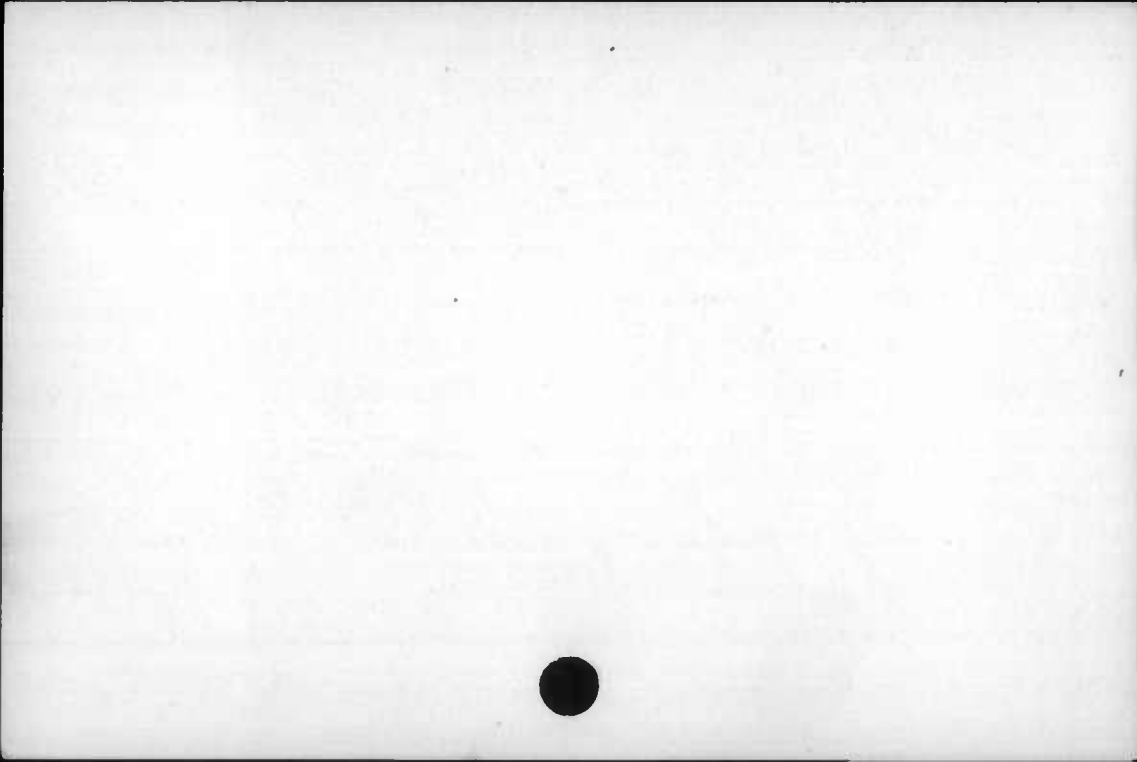
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Breatheds</i> <sup>Town</sup> <i>Mash</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>3</i> <sup>Years</sup>	Age <i>—</i> <sup>Months</sup>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Leslie Wakenight</i>	Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Hattie Bladen</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Leslie Wakenight</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Delivery</i>	How long <i>2</i> ✓
Immediate <i>Debility</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. M. Reichard</i>
	Address <i>Fairplay.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Catherine Amanda Hall.

## CERTIFICATE OF DEATH

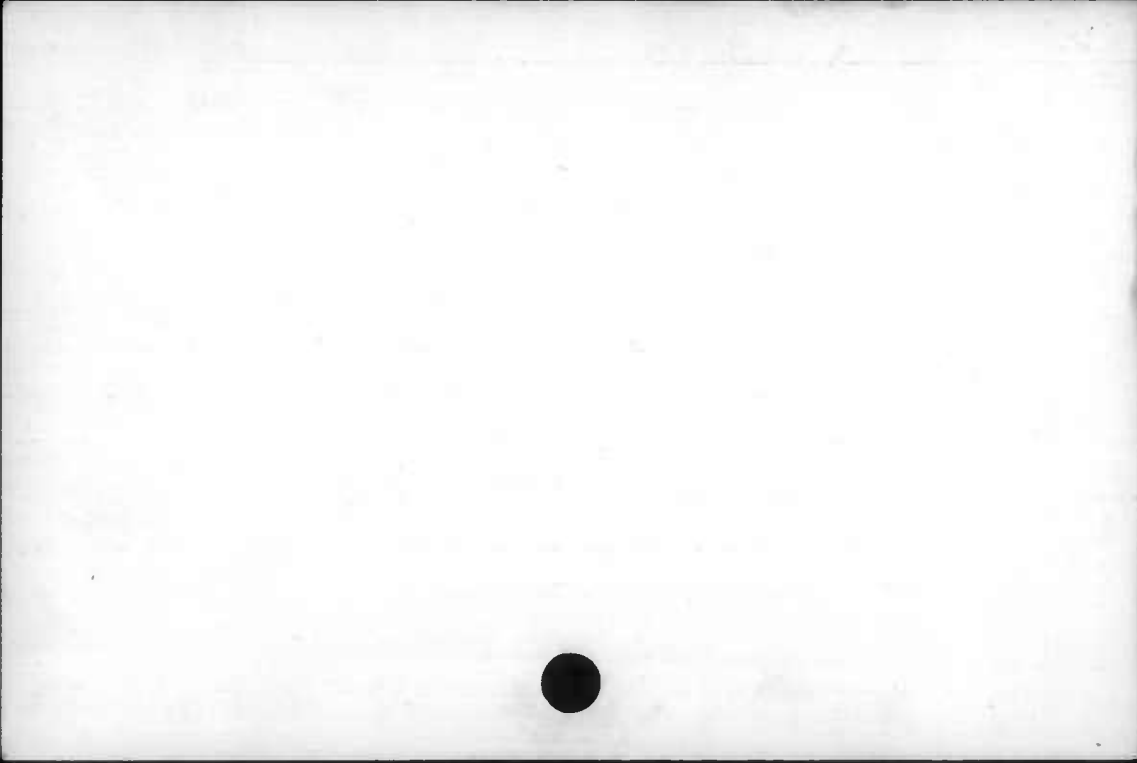
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Leitersburg</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death 1909		Month <i>9</i>	Day <i>8</i>	Age <i>69</i>	Years <i>3</i> Months <i>3</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Foxville Fred md</i>			
Occupation <i>House Keeping</i>		Where Residing if not at place of death <i>Leitersburg</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>John Gordon</i>		Father's Birthplace <i>Foxville Fred md</i>			
Mother's Maiden Name <i>Margaret Mcblain</i>		Mother's Birthplace <i>Foxville Fred md</i>			
Name of parson giving Information <i>Ella Hall -</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>15 months</i>
Immediate <i>General Debility</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. H. Wishard</i>
	Address <i>Leitersburg Md.</i>
Accident or Suicide	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** Josiah Zittle

**Town** Boonsboro **County** Washington **State** MARYLAND

**Date of death** 1909 **Month** Sept **Day** 8 **Age** 78 **Years** 5 **Months** 8 **Days**

**Sex** Male **Color or Race** white **Birth-place** Maryland

**Occupation** Carpenter **Where Residing If not at place of death**

**Married, Single** Married **Name of Wife or Husband** Elizabeth R. Zittle

**Father's Name** Daniel Zittle **Father's Birthplace** Md

**Mother's Maiden Name** Elizabeth Kooze **Mother's Birthplace** Md

**Name of person giving Information** Elizabeth R. Zittle **How related to deceased** wife

**CAUSES OF DEATH**

**Primary** Mitral Regurgitation Heart **How long** 11 months

**Immediate** Dropsy, Anemia **How long** 3 months

**Are the name, age, sex, color, date and place correctly given above?** yes

**Signature of Physician** J. Fulent Trade, Ind.

**Address** Boonsboro, Md.

PHYSICIAN  
OR CORONER

**Accident or Suicide** No

Bringt Best  
Unterhalten